

## CASTLE MEDICAL CENTER

The ureteroscope was then advanced over the guide wire up to the level of the calculus and under direct vision the guide wire was passed along side the stone and coiled in the upper calix. The uteroscope was removed and reinserted along side the guide wire up to the level of the calculus. The calculus was sequentially laser fragmented into tiny fragments utilizing the Holmium 365 fiber. After the stone was completely fragmented, the scope was easily advanced up into the renal pelvic area. The renal stones were not readily visible with the rigid scope. The scope was removed. Inspection of the ureter showed the ureter to be intact. The guide wire was then back fed onto the cystoscope, a 7 French 26 cm Polaris double J stent passed over the guide wire, positioned fluoroscopically and the guide wire removed. Coiling in the upper pole calix was noted as well as in the bladder. A tether was left for subsequently stent removal. Several of the smaller stone fragments that were previously irrigated out of the ureter were retrieved and sent for stone analysis purposes. The patient tolerated the procedure well. There were no intra or perioperative complications. He was stable throughout the operative procedure and en route to the recovery room.

DK/ITMS/rld Job # 9180

D: 11/07/2002 0854

T: 11/07/2002 1647

P: 11/08/2002 1125

Charted:

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 DAVID A KUCHENBECKER, M.D.

### Castle Medical Center

640 Ulukahiki Street  
Kailua, Hawaii 96734  
(808) 263-5500

### OPERATIVE REPORT\*

PATIENT: AHOLELEI, STAR V  
MR #: 18-91-20  
ATT PHYS: DAVID A KUCHENBECKER, M.D.  
DATE: 11/07/2002  
ROOM:

COPY

## CASTLE MEDICAL CENTER

CC: DAVID A KUCHENBECKER, M.D.

DATE OF OPERATION: 02/06/2003

PREOPERATIVE DIAGNOSIS: MULTIPLE LEFT URETERAL CALCULI.

POSTOPERATIVE DIAGNOSIS: SAME WITH MARKED HYDRONEPHROSIS.

SURGEON: Dr. David Kuchenbecker

ANESTHESIOLOGIST: Dr. Robert Chinn

ANESTHESIA: General.

OPERATIVE PROCEDURE: CYSTOURETEROSCOPY WITH LASER LITHOTRIPSY, RETROGRADE PYELOGRAMS WITH FLUOROSCOPIC IMAGING AND PLACEMENT OF DOUBLE J STENT.

### INDICATIONS:

The patient is a 39-year-old gentleman with a long history of recurring renal and ureteral calculi, who presents with left flank pain and marked hydronephrosis and CT scan demonstrating multiple stones in the left ureter.

### DESCRIPTION OF OPERATION:

The patient was taken to the Operating Suite where is placed on the table in the supine position after induction of general anesthesia, the patient was repositioned in the cystolithotomy position where he prepped and draped sterilely. A 22-French Storz cystoscope was inserted under direct vision and the bladder emptied without difficulty. The left ureteric orifice was identified and cannulated with a 35 mm guide wire which is able to be manipulated along side the stones and up into the proximal dilated ureter and renal pelvis. A 6-French rigid Wolfe ureteroscope was then passed along the guide wire up to the level of the first stone. Multiple stones were present, increasing in size as progressed up the ureter. A total of four or five stones were present, each of which were laser fragment with the homeon laser into tiny fragments. After the final stone was fragmented, a pyelogram was performed through the ureteroscope showing no extravasation. Several filling defects were present in the kidneys, suspicious for residual uric acid type stones with removal of the scope. No significant size fragments were evident. The guide wire was backfed on the cystoscope an a 26 cm 6-French double J stent was passed over the guide wire, positioned fluoroscopically and the guide wire removed.

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### OPERATIVE REPORT\*

PATIENT: AHOLELEI, STAR V  
MR #: 18-91-20  
ATT PHYS: DAVID A KUCHENBECKER, M.D.  
DATE: 02/06/2003  
ROOM:

COBY

Exhibit #2

## CASTLE MEDICAL CENTER

The patient tolerated the procedure well. There were no intra or perioperative complications. He is returned to the recovery room in stable condition.

DK/ITMS/ekb Job # 21761

D: 02/27/2003 1226

T: 02/27/2003 1610

P: 02/28/2003 817

Charted:

DAVID A KUCHENBECKER, M.D.

### Castle Medical Center

640 Ulukahiki Street  
Kailua, Hawaii 96734  
(808) 263-5500

### OPERATIVE REPORT\*

PATIENT: AHOLELEI, STAR V  
MR #: 18-91-20  
ATT PHYS: DAVID A KUCHENBECKER, M.D.  
DATE: 02/06/2003  
ROOM:

COPY

Exhibit A-3

The Queen's Medical Center  
Honolulu, Hawaii 96813

## DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AHOLELEI, VILIAMI S  
Sex: M DOB: 17-Nov-1963

MFID: 12-76-00  
Patient Loc: CAT

SISAR PADERES, M.D.  
99-902 MOANALUA HWY  
MEDICAL UNIT  
AIEA

HI 96701

-----  
Exam: 2006981 Date: 30-Apr-2003 Requested by: PADERES, SISAR, M.D.  
CT ABDOMEN W/O IV CON 23504031  
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1. THERE ARE TWO SMALL LEFT URETERAL CALCULI AS DESCRIBED ABOVE AT THE L3 AND S1 LEVELS. ON THE PREVIOUS SCAN, A 13.0 MM CALCULUS WAS PRESENT IN THE LEFT URETER.
2. THERE IS MILD TO MODERATE LEFT HYDRONEPHROSIS WHICH IS IMPROVED WHEN COMPARED TO THE PRIOR CT SCAN DATED 1/29/03.
3. RESIDUAL RENAL CALCULI ARE PRESENT IN BOTH KIDNEYS AS DESCRIBED ABOVE. THERE IS NO RIGHT HYDRONEPHROSIS.

The above findings were discussed with Dr. Sisar Paderes and with Dr. Kuchenbecker on 4/30/03.

Thank you very much for this referral.

Dictated by: CAS  
Craig A. Hamasaki, M.D.

Transcribed on: 30-Apr-2003 2:47 PM by Ancelina Lacar

MEDICAL RECORD COPY

Exhibit A-3

Exhibit A-4

The Queen's Medical Center  
Honolulu, Hawaii 96813

DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AHOLELEI, VILIAM S  
Sex: M DOB: 17-Nov-1963

MFID: 12-76-00  
Patient Loc: CAT

ROBERT YOUNG, M.D.  
ATTN: MEDICAL UNIT  
99-902 MOANALUA ROAD  
AIEA

HI 96701

Exam: 1951169 Date: 29-Jan-2003 Requested by: YOUNG, ROBERT, M.D.  
CT ABDOMEN W/O IV CON 23504031

Diagnosis:

CHRONIC HEMATURIA W/POSSIBLE RENAL STONE

History:

PROC: SPIRAL CT SCAN STONE PROTOCOL

Report dictated on 1/29/03.

CT OF ABDOMEN AND PELVIS, 1/29/03:

TECHNIQUE: No intravenous contrast was administered. Renal stone protocol was performed.

FINDINGS: The visualized portions of the liver, spleen, large and small intestine, and pancreas are unremarkable on this noncontrast CT study. The visualized lung bases are unremarkable. The bony thorax and lumbar spine demonstrates no lytic or blastic lesions.

There is severe left-sided hydronephrosis present. Multiple stones are present in the right ureter. The largest one is present in the midportion of the left ureter measuring 13.0 x 9.0 mm. A second stone is noted at the level of the sacroiliac joints on the left side measuring approximately 9.0 mm in dimension. Two smaller stones measuring 6.0 mm and 3.0 mm are noted in the distal portion of the left ureter with the smallest stone present at the ureterovesical junction. The left ureter demonstrates inflammatory changes to the level of the sacroiliac joint. Below this level, no definite evidence of ureteral dilatation or obstruction.

Multiple left and right-sided renal stones are present within the collecting system. In the inferior pole of the left kidney, there are multiple stones measuring up to 7.0 mm and 9.0 mm. In the upper pole of the left kidney, there is a stone which measures 6.0 mm in dimension with a second focus of calcification measuring 1.0 mm to 2.0 mm. On the right side, there are multiple stones in the lower pole of the kidney measuring 3.0 mm and 6.0 mm in dimension respectively.

No evidence of retroperitoneal adenopathy.



CLIA ID#: 45-D0660099

P.O. BOX 29375  
HOUSTON, TEXAS 77265-5375  
(713) 464-4333 (800) 235-4846

TAX ID#: 76-0413803

PATIENT AHOLELEI, STAR V

ACCESSION NO. P033574

SEX Male

BIRTHDATE/AGE 11/17/1963

REQUISITION NO. 1103579

PHYSICIAN KUCHENBECKER, DAVID

ACCOUNT # C3639  
CASTLE MEDICAL CENTER  
LABORATORY  
640 ULUKAHIKI ST  
KAILUA HI 96734

SPECIMEN NO. SP-03-381

PATIENT ID NO. 18-91-20

P.O. NO.

DATE OBTAINED 02/06/2003

DATE RECEIVED 02/10/2003

DATE REPORTED 02/11/2003

CTE:

CP-0-Sherie

## CRYSTALLOGRAPHIC COMPOSITION

NO NIDUS OBSERVED IN THIS SPECIMEN

THE STONE IS COMPOSED OF 100% CALCIUM OXALATE MONOHYDRATE

SHELL IS COMPOSED OF 100% URIC ACID

THE SURFACE CRYSTALS ARE COMPOSED OF 100% AMMONIUM ACID URATE



SCALE: 1 Division = 1 Millimeter

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LAB LOCATION

(USE FOR COURIER SERVICES)



CLIA ID#: 45-D0660099

P.O. BOX 25375

HOUSTON, TEXAS 77265-5375

TAX ID#: 76-0413803

(713) 464-4333

(800) 235-4846

PATIENT AHOLELEI, STAR

ACCESSION NO. P0232041

SEX Male

BIRTHDATE/AGE 11/17/1963

REQUISITION NO. 1103560

PHYSICIAN KUCHENBECKER, DAVID

ACCOUNT # C3639

SPECIMEN NO. SP02-2911

CASTLE MEDICAL CENTER

LABORATORY

PATIENT ID NO. 18-91-20

640 ULUKAHIKI ST

KAILUA HI 96734

P.O. NO.

DATE OBTAINED 11/07/2002

DATE RECEIVED 11/12/2002

DATE REPORTED 11/12/2002

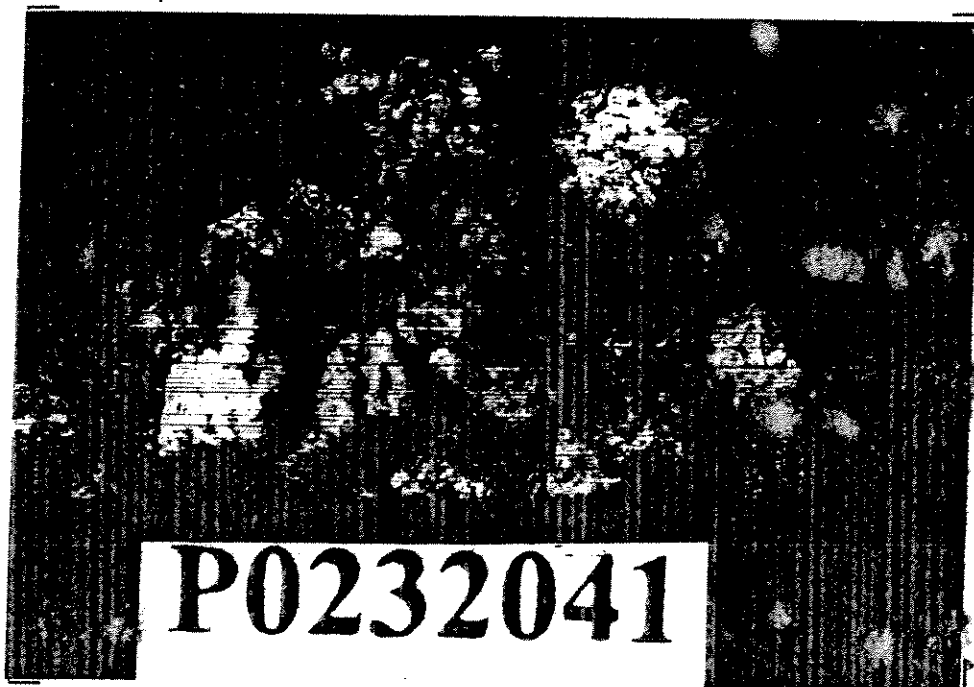
CTE:

KA-O-Sherie

## CRYSTALLOGRAPHIC COMPOSITION

NO NIDUS OBSERVED IN THIS SPECIMEN

T STONE IS COMPOSED OF 100% CALCIUM OXALATE MONOHYDRATE



SCALE: 1 Division = 1 Millimeter

LAB LOCATION  
(USE FOR COURIER SERVICES)  
9525 KATY FREEWAY SUITE 222

Exhibit A-7

The Queen's Medical Center  
Honolulu, Hawaii 96813

## DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AHOLELEI, VILIAMI S  
Sex: M DOB: 17-Nov-1963

MFID: 12-76-00  
Patient Loc: CAT

SISAR PADERES, M.D.  
99-902 MOANALUA HWY  
MEDICAL UNIT  
AIEA

HI 96701

Notes: *[Signature]* 5/20/03

Exam: 2006981 Date: 30-Apr-2003 Requested by: PADERES, SISAR, M.D.  
CT ABDOMEN W/O IV CON 23504031  
Diagnosis:  
CHRONIC STONE F/U, S/P LITHOTRIPSY

Report dictated on 4/30/03.

EXAMINATION PERFORMED: CT of the abdomen without contrast (renal stone protocol), 4/30/03.

CLINICAL HISTORY: Chronic renal calculi. Status post lithotripsy.

TECHNIQUE: A standard noncontrast renal stone protocol CT examination of the abdomen was performed from above the kidneys through the urinary bladder.

FINDINGS: Comparison is made to a similar renal stone protocol CT study dated 1/29/03.

There is mild to moderate left hydronephrosis which has significantly improved when compared to the prior CT scan. There is also persistent mild dilatation of the proximal to midleft ureter. There are two small left ureteral calculi. The first is located at approximately the L3 level measuring approximately 2.0 mm to 3.0 mm in diameter. There is a second left ureteral calculus at the S1 level in the left ureter measuring approximately 1.0 mm to 2.0 mm. Below this level, the left ureter is relatively decompressed. Multiple residual calculi are seen in the left renal collecting system. There is a tiny, 2.0 mm calculus in the left upper pole. A 4.0 mm calculus is noted in the left lower pole. There are subtle tiny densities in the left renal collecting system which could represent additional scattered tiny left renal calculi.

There are probably three renal calculi in the lower pole of the right kidney. The largest right renal calculus measures approximately 5.0 mm. There is no right hydronephrosis or right ureteral dilatation.

IMPRESSION:

Post-it* Fax Note	7671	Date	5.29.03	# of pages	2
To	DR KUCHENBECKER	From	Theresa		
Co./Dept.		Co.	HCF/HCS		
Phone #	2614884	Phone #	4845426/4847289		
Fax #	2614885	Fax #	4840935		



Exhibit A-18

The Queen's Medical Center  
Honolulu, Hawaii 96813

DIAGNOSTIC IMAGING CONSULTATION

Patient Name: AEOLELEI, VILIAMIS  
Sex: M DOB: 17-Nov-1963

MFID: 12-76-00  
Patient Loc: CAT

ROBERT YOUNG, M.D.  
ATTN: MEDICAL UNIT  
99-902 MOANALUA ROAD  
AIEA

HI 96701

Exam: 1951169 Date: 29-Jan-2003 Requested by: YOUNG, ROBERT, M.D.  
CT ABDOMEN W/O IV CON 23504031

IMPRESSION:

1. MULTIPLE STONES WITHIN THE RIGHT URETER. THERE IS SIGNIFICANT HYDRONEPHROSIS CAUSED BY THE UPPER AND MID STONES EXTENDING TO THE LEVEL OF THE SACROILIAC JOINT.
2. MULTIPLE BILATERAL RENAL COLLECTING SYSTEM STONES AS DESCRIBED ABOVE.

Thank you very much for this referral.

Dictated by: Jerel Saito, M.D. /signed/

Transcribed on: 29-Jan-2003 6:48 PM by Anselina Lacar  
Finalized on: 30-Jan-2003 11:26 AM by Beverly Toledo

C O P Y